DUE AUGUST	NUARY 1 THROI 15 TLY 1 THROUGH:	IGH JUNE 30				# 43 obbyst's I FOR OF		17]]-
3.15 X X XX	*					Postmark		
 Print in ink or type. Fill in Registration Num Complete form, have it r Plaza Bivd., Suite 200, 	nited	1980983 🛎						
 This form must be deli- 	ered or postmarked	by the due date.					70	1 1
 This form may be faxed on the day of fax frans 	10 (304) 922-1414. 1 n mittal.	e orzguni snould	De forwat	rded		SISTICES	1 010 1 010	
1. Name					3	A CTATA	TOC.	
I.asi	n `dimm	Ly. First	D		51			
Business Address_ Mailing Address	550 Lake Lar Street and No.		n Roug	City e, La.	La. 3	State	Ziį	-
3. Business Phone	5043835064							
	Arca Code and	Telephone Number						
 Total of all expendi (lacitude expenditures fro 	tures made January m Schedules A and B)	/ 1 through Jun	ie 30:	\$	0		2.00%	
Total of all expendi (When Applicable)	tures made July 1 1 (Include expendimens	hrough Decem from Schedules A s	iber 31: and B)	\$				
6. Total of all expenditures made during calendar year: (Une 4 added with Line 5 aboutd equal Line 6)					0	<u> 20</u> 20		
7. Did you make an ex	penditure exceeding	ng \$50 on one o	occasion	for any	one leg	islator:		
From January ! thr		☐ Yes	E	No				
From July 1 throug	h December 31?	☐ Yes	<u> </u>	No] NA		
If the answer to eithe	er question in Num	ber 7 above is	YE\$, ple	ase com	plete S	Schedule A	and attac	h.

LOBBYING EXPENDITURE REPORT



	24W N NO							
δ.	Did you make expenditures exceeding	g the	sum of \$2	250 for an	y one leg	islator:		
	From January 1 through June 307 From July 1 through December 312		Yes Yes	X	No No		NA	
	If the answer to either question in Nu	mber	8 above i	s YES, pl	ease con	iplete S	chedule A and atta	ıch,
9.	Did you expend funds for a reception, social gathering, or other function to which the entire legislature, either house, any standing committee, select committee, statutory committee, committee created by resolution of either house, subcommittee of any committee, recognized caucus, or any delegation thereof were invited during the reporting period?							
	☐ Yes			N	No		105	
	If the answer to Number 9 above is Y	ES,	please cor	nplete Sci	edule B	and att	ach.	
	State of Lovisiana Parish of E. Baken Rox Before me, the undersigned authority.	S.L.	- Onally car	ne and an	mented			
	_he				50	ne did d	leciate and	
	acknowledge to me that the above sta	terner		e and corr		ille,	אין	
	Sworn to and subscribed before me or	0		day of L	augu	ist_	_, 19 <u>_9£</u> .	
	21	Notar /	y Public					

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